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DEPARTMENT OF RED CROSS NURSING

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REPORT OF MISS GARDNER'S EUROPEAN SURVEY

IN ORDER that the Nursing Service of the American Red Cross might be able to secure the best advice on the subject of Public Health Nursing in Europe, Mary S. Gardner was asked to make a survey of the nursing activities of the organization abroad. Miss Gardner reached France on May 24, 1921, and returned to this country on October 15.

After reporting at the Paris Headquarters of the American Red Cross, her first official visit was to the regions in devastated France, where three American nurses were holding weekly clinics for sick and well babies in many of the villages and doing home visiting. These nurses were withdrawn October first and the work is now being successfully carried on by French nurses, graduates of the Bordeaux School.

Commenting upon the laying of the cornerstone of the Florence Nightingale School at Bordeaux, her next stop, Miss Gardner says:

In talking afterward with a number of French people I felt convinced that the educational significance of the gift was recognized by most, at least, of those responsible for the school.

Conferences in London were held by Miss Gardner, Miss Fitzgerald and Miss Olmsted to devise means of improving the course in public health nursing given at Bedford College in coöperation with the League of Red Cross Societies for nurses from various foreign countries.

At Prague also a conference was held with the superintendents of the three hospital training schools which the Red Cross has established in Prague, Warsaw and Posen, respectively, in order that native women may receive good nursing education under the direction of American nurses. Native women are also being sent from these countries to be trained in hospitals in the United States, so that they may be qualified upon their return to take over the work which our nurses have established. Miss Gardner especially advised upon the subject of the public health nursing course designed for these students.

Czechoslovakia has also twenty-one infant welfare stations distributed throughout the country, each with model equipment and served by an American Red Cross nurse and social worker, directed by Czech doctors and so affiliated with the Ministry of Health that

after the withdrawal of the Americans that body is expected to subsidize it.

In Poland the nurses do not give continuous service to the community, but go into a region with a social worker, establish a center, and return thereafter for advisory purposes only. Each such center is subsidized, according to the need, and the equipment furnished by the American Red Cross; a milk station is an essential part of each center and all children undergo medical examinations by the local Polish doctors. If possible a dispensary for sick children is opened and sometimes a children's ward in a hospital has been equipped and opened by the American nurses.

In Vienna only one Red Cross public health nurse is employed, who is engaged in developing an American system of home visiting. This work is undertaken at the request of a progressive Austrian doctor in charge of the public health stations of the American Red Cross. Miss Gardner stated:

The nursing work in Austria, though limited in quantity, would seem to me very desirable. Austria is a well-organized country in which there are good graduate nurses capable of excellent work if their interest can be aroused. I feel that the work in Austria may prove as profitable as any done in Europe.

At the time of Miss Gardner's visit to the Baltic states, public health nursing work was just commencing. Good foundations had been laid, however, and 120 child health stations opened. These are financed by the American Red Cross and operated by the native doctors and native young women, "Schwesters."

It was hard to judge of the home visiting because so many of the accustomed tools of work are absent and post-war conditions are so abnormal. Doubtless time can be well spent by the American personnel, she deduces, in strengthening and developing the work of this group of women and also in establishing school nursing and in starting mothers' classes and other forms of group teaching. A mothers' class had already been established at the first meeting at which 108 mothers were present. Of these conditions in the Baltic states, Miss Gardner writes:

From all accounts the people of the Baltic states are receptive and possessed of initiative which is likely to make constructive work among them effective. The American Red Cross workers do not feel that the desires of these people are fixed alone on material assistance and apparently the Red Cross has been able to establish itself on a basis of national confidence which will greatly simplify the nursing work. If a satisfactory public health nursing program can be worked out there is every reason to believe that permanency may be obtained for it through government control and support. It must be remembered, however, that the nursing work was not started at the time of my visit and that the period of discouragement noted in other countries had not, therefore, been reached.

In Serbia the Red Cross nurses are carrying on the work of the Serbian Child Welfare Committee and the work is done wholly in rural communities. Though special emphasis is placed upon the work for children, adults as well are cared for at the dispensaries.

Ten health centers have been established in small villages, at each of which live two nurses, one nurse taking charge of the dispensary, the other doing the school work and home visiting, both working under local native doctors. These dispensaries serve a large countryside. Each dispensary is furnished with four beds for short emergency cases. * * * The nurses live in small personnel houses (peasants' houses taken by the Commission) with a maid for cooking and housework. The interpreter, usually a young man, does not live with the nurses. An American doctor is in charge of a certain number of stations within his district. Supervision for the stations is furnished by routine visits from this regional doctor and by monthly visits from the chief medical director, the chief nurse, and the business manager, all from headquarters in Belgrade. The villages are all inaccessible and transportation for supervisors must be made by automobile, camionette or motorcycle. These dispensaries are well attended, each station averaging from four to five hundred patients a month with 30 to 60 home visits, often to far distant hamlets, and from 200 to 300 school children being examined monthly. In addition talks, carefully prepared in outline at headquarters, are given by the nurses to mothers and expectant mothers and also to "little mothers," and sewing and games are taught. Posters are freely used.

An effort is being made to teach Serbian girls the rudiments of dispensary and health visiting work. This is being done directly in the stations by means of demonstration and an outlined curriculum—two girls, called probationers, being assigned to each station. It is hoped that some of these girls who show aptitude will later enter the new training school for nurses just opening in Belgrade, some slight credit being accorded them for experience and study.

Governmental interest and support are being enlisted. Up to the present time the stations have been established through local committees of the National Public Health Association, a body which has proved too weak both centrally and locally to be effective. It is now planned to work through the Peasants' Coöperative Society instead, a strong organization with branches throughout the country established for the primary purpose of coöperative buying.

The nurses are all busy and to a varying degree the work being done is good. Given an ideal staff and an ideal group of local doctors it could all be exceedingly good, for it is well planned and carefully supervised.

At the time of Miss Gardner's visit to the training school of the American Hospital at Constantinople (September 7, 1921) certain readjustments were being made.

The hospital, with a capacity of 80 beds, offers medical and surgical experience and has an active little maternity ward and a ten-bed children's ward. The superintendent and four American nurses teach and supervise the work. Seven pupil nurses,—five Armenian and two Greek,—were just completing their first year and the new class of probationers was expected on October 1. The enormous difficulty of starting a hospital and inaugurating a training school in a city like Constantinople has made the first year less productive of opportunity for the pupils of the school than will be the case in succeeding years. At the present time the chief difficulty seems to be that the pupils are too few in number to

staff the hospital and it has been necessary to supplement them with Russian so-called trained nurses. These women have the advantage of having been accustomed to a hospital and to ward work, but their training has consisted almost exclusively of mere experience in Russian military hospitals and their influence upon a group of pupil nurses is poor. As yet the training school has been insufficiently advertised, but an effort is being made toward greater publicity and it is hoped to draw largely from the Balkan states and Armenia for pupils.

An unusual situation exists in the case of Constantinople in that the American Hospital is at present self-supporting. This agreeable state of affairs, however, is not likely to be permanent because it is the result of unusual conditions. All patients not paying for themselves are paid for by the organization responsible for them,—the United States Navy, the Near East Relief, the American Red Cross. There are, therefore, not only no free patients (from the hospital standpoint), but there are no "bad bills" as is the case in other hospitals taking patients of limited means. With the future withdrawal of these more or less temporary agencies, other conditions may arise. Altogether the prospects of this training school seem bright. There is good teaching material in the hospital with complete American control, good organization, a good director and staff for instruction, good equipment and a fairly good building, and all in a city which has always drawn to itself the people of many lands.

DECAYED TEETH AND CHILDREN'S DISEASES

That decayed teeth are very strong predisposing causes to the "catching" of measles, scarlet fever, pneumonia, mumps, or other children's diseases is strongly urged by the U. S. Public Health Service, which cites very considerable reductions in those diseases in cities where dental clinics have been established in the schools. At Bridgeport, Conn., for instance, diphtheria has been lessened 8 per cent. At an orphanage in Boston these diseases, which had annually afflicted about one-third of the 325 inmates, practically disappeared after eight months dental work. The absorption of pus from rotting teeth had weakened the children and made them easy victims to communicable disease. The cleaning up of this mouth condition increased the power to resist disease.—*Health News*.

ECONOMIC EFFECTS OF PROHIBITION

The *Christian Science Monitor*, quoting from the report of the secretary of the New York State Board of Charities, states that there has been an appreciable decrease in the commitment of children to orphan asylums since prohibition has been in effect. Also, fathers who formerly neglected children in such institutions, now visit them regularly and many have provided homes for them. The *Boston Herald* quotes Sewall C. Brackett, a trustee of the Westborough State Hospital, as saying that alcoholism as a cause of insanity has decreased from 10 per cent to 2 per cent for patients admitted.